

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
	JUDICIAL OFFICER:
PROOF OF ELECTRONIC SERVICE	DEPT.:

1. I am at least 18 years old and **not a party to this action.**

a. My residence or business address is *(specify)*:

b. My electronic service address is *(specify)*:

2. I electronically served the following documents *(exact titles)*:

☐

The documents served are listed in an attachment *(Form POS-050 (D)/EFS-050(D) may be used for this purpose.)*

3. I electronically served the documents listed in 2 as follows:

a. Name of person served:

On behalf of *(name or names of parties represented, if person served is an attorney)*:

b. Electronic service address of person served:

c. On *(date)*:

d. At *(time)*:

☐

The documents listed in item 2 were served electronically on the persons and in the manner described in an attachment. *(Form POS-050(P)/EFS-050(P) may be used for this purpose.)*

Date:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)